SCIA 23			FR COURT SERVICES WITHOUT PAYMENT OF FEE
IN UNIN THE CASE	VITED STATE	FOR	OTHER PANEL (Specify below)  LOCATION NUMBER
<b>•</b>		ED (Show your full name)  escribe if applicable & check box →) x Felony  Misdemeanor	Defendant—Adult Defendant - Juvenile  Appellant Appellant Probation Violator Parole Violator Habeas Petitioner Material Witness Court of Appeals  Other  District Court Court of Appeals  Court of Appeals
	EMPLOY- MENT		Am Self-Employed  IF NO, give month and year of last employment How much did you earn per month? \$
ASSETS	OTHER INCOME	Have you received within the past 12 months any income from a the form of rent payments, interest, dividends, retirement or annual RECEIVED  IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	a business, profession or other form of self-employment, or in the form uity payments, or other sources?   Yes No Sources  Nother Supports Me
{	PROP- ERTY	Have you any cash on hand or money in savings or checking accourd Do you own any real estate, stocks, bonds, notes, automobiles, or of clothing)?   Yes No  VALUE  IF YES, GIVE THE VALUE AND \$  DESCRIBE IT	nts? Yes No IF YES, state total amount \$ 400 0 100 100 100 100 100 100 100 100 1
OBLIGATION & DEBTS	NS DE MO	OR HOME: 10,000  LLS LLS LUDING BANKS, IN COMPANIES, RICE ACCOUNTS,	List persons you actually support and your relationship to them  Total Debt  Monthly Paymt.  S S S S S S S S S S S S S S S S S S
I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)  SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED)			